DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Public Health
DPH 4024B (Rev. 06/06)

STATE OF WISCONSIN
Bureau of Community Health Promotion
WIC Program, Federal Reg. 246

WIC FORMULA and MEDICAL NUTRITIONAL PRESCRIPTIONS / CLINICAL DATA
INFANTS and CHILDREN (through 4 years of age)

Completion of this form is voluntary. Personally identifiable information is used to determine WIC services (e.g., certification/enrollment and food package issuance) and may be disclosed to others only as allowed by state and federal laws.

INSTRUCTIONS: To provide clinical data (to facilitate WIC enrollment), complete the Clinical Data section. To prescribe a special WIC-approved formula for an infant, or a formula or medical nutritional for a child, complete Prescription sections 1, 2 and 3. Indicate additional concerns in the Growth/Nutrition/Health Concerns section, as appropriate.

Patient's First and Last Name _____ Birthdate (MM/DD/YY) _____

Parent/Caregiver's First and Last Name _____

CLINICAL DATA

Infants Only:

Birth weight _____ Birth length _____ Gestational age _____ E.D.D. _____

If mother was not on WIC prenatally, prenatal nutrition-related health problems or relevant obstetrical history:

- ☐ Gestational Diabetes
- ☐ Pregnancy-Induced Hypertension
- ☐ Hyperemesis Gravidarum
- ☐ Anemia
- ☐ Food allergy or intolerance: _____
- ☐ Infectious disease: _____
- ☐ Chronic disease: _____
- ☐ Other nutrition-related health problem: _____

Infants and Children:

Weight _____ Length/stature _____ ☐ Recumbent ☐ Standing Date taken _____

Hct ___% and/or Hgb ___ mg Date taken _____ Blood Lead _____ mcg/dL Date taken _____

PRESCRIPTION (Complete 1, 2 and 3; all are required for WIC provision of the prescription.)

1. Formula or Medical Nutritional prescribed:

Infants and Children:

- ☐ Similac NeoSure DHA & ARA / Advance
- ☐ Enfamil EnfaCare LIPIL
- ☐ Enfamil Nutramigen LIPIL
- ☐ Similac Alimentum DHA & ARA /Advance
- ☐ Enfamil Pregestimil LIPIL
- ☐ Enfamil AR LIPIL
- ☐ Similac PM 60/40
- ☐ Neocate/Neocate Infant
- ☐ EleCare

Children:

- ☐ Good Start Supreme w/DHA & ARA
- ☐ Good Start Supreme Soy w/DHA & ARA
- ☐ Good Start Supreme
- ☐ Good Start Essentials
- ☐ Kindercal: ☐w/fiber ☐w/o fiber
- ☐ Kindercal TF: ☐w/fiber ☐w/o fiber
- ☐ PediaSure: ☐w/fiber ☐w/o fiber
- ☐ Pediasure Enteral: ☐w/fiber ☐w/o fiber
- ☐ Pediatric EO28
- ☐ Neocate One+
- ☐ Neocate Junior
- ☐ Portagen

2. Intended length of use: Number of months _____

3. Medical diagnosis and ICD-9 code justifying the above formula or medical nutritional prescription:

- ☐ Allergy (cow's milk protein, soy) 477.9
- ☐ Autoimmune Disorder (279.4)
- ☐ Anemia (281.9)
- ☐ Congenital Heart Disease (746.9)
- ☐ Congenital Anomaly, Respiratory (748.9)
- ☐ Cleft Palate (749.0)
- ☐ Cleft Lip (749.1)
- ☐ Cerebral Palsy (343.9)
- ☐ Cystic Fibrosis (277.0)
- ☐ Developmental Sensory/Motor Delays (783.4)
- ☐ Gastroesophageal Reflux (580.81)
- ☐ Immunodeficiency (279.3)
- ☐ Inadequate Growth (783.4)
- ☐ Intestinal Malabsorption (579.9)
- ☐ Neuromuscular Disorder (358.9)
- ☐ Prematurity (765.1)
- ☐ Other diagnosis with ICD-9 code (required) _____

GROWTH/NUTRITION/HEALTH CONCERNS:

SIGNATURE - Health Care Provider _____ Date Signed _____
(Physician, Physician Assistant or Advanced Practice Nurse prescriber signature is required for prescriptions of the above formulas or medical foods.)

Printed Name of Health Care Provider _____

Medical Office/Clinic _____

Address _____ Telephone _____

LOCAL WIC PROJECT: